Letter to the Editor

Don Blake, APR

Public Relations
The Hemlock Society USA

The November issue of Hawai Medical Journal just reached my desk. Congratulations on your continued fine work as editor.

By the way, I think your idea of adopting D.A.D.D. as a meaningful acronym is a good one. It is easy for the general public to understand and accept, and it takes the harsh edge from the general public image of physician-assisted death.

Thanks for your support as a national board member. Perhaps we'll have the occasion to meet when you are next in Denver or elsewhere for a board function.

Military Medicine

Military Unique Curriculum

Benjamin W. Berg MD, LTC, U.S. Army

Graduate Medical education in the Military largely mirrors the civilian sector. Educational standards, and program requirements as prescribed by the Accreditation Council for Graduate Medical Education (ACGME) are identical to civilian training programs. The spectrum of programs available in the US Army is broad. There are primary training programs in virtually all specialties, including Family Practice, Internal Medicine, General Surgery, Pediatrics, Psychiatry, Obstetrics and Gynecology, Radiology, and Pathology. Advanced training in subspecialty areas is also available in some fields, where research and clinical fellowships are established. In recent years there has been a decrease in the Military GME programs, as the overall size of the Military is decreased. Army GME takes place largely at "Major Medical Centers" which are located in Honolulu (Tripler), Washington D.C. (Walter Reed), San Antonio (Brooke) and El Paso (William Beaumont) Texas, Tacoma Washington (Madigan), and Augusta Georgia (Eisenhower). The Fitzsimmons Army Medical Center in Denver, Colorado closed its doors about 18 months ago.

Medical students apply for competitive residency training in Military Hospitals from either a Military sponsored civilian Medical School, or from the Uniformed Services University of Health Sciences (USUHS) which is located in Bethesda Maryland. The Majority of applications for Military internships are from Civilian Medical School applicants who have participated in the Health Professions Scholarship Program (HPSP). These candidates have a four year obligation to serve in the Uniformed Service of their choice, after residency training is completed. The program provides

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Harry L. Arnold Jr. MD Case of the Month

HTLV-1 Associated Adult T-Cell Leukemia in a Micronesian Patient: The First Reported Case

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Introduction

Adult T-Cell Leukemia/Lymphoma is an aggressive form of lymphoproliferative disease which is specifically caused by infection with human T-cell lymphotropic virus type I (HTLV-I). Infection with this virus is endemic in southwest Japan, the southeastern United States, the Caribbean Islands, and central Africa.[1] More recently, genetically distinct forms of the virus have been identified in Australian aboriginal tribes as well as various isolated populations in Papua New Guinea and the Solomon Islands in Melanesia.[2]

However, evidence of infection with HTLV-I has not been identified in Micronesian populations.[3] This is a report of a case of Adult T-Cell Leukemia in a Marshallese male medically evacuated to Honolulu from the island of Majuro, Republic of the Marshall Islands (RMI), which is in Pacific Micronesia. This case appears to be the first report of a confirmed HTLV-I associated T-Cell Leukemia in a Micronesian patient.

Case Report

A 52-year-old Marshallese male was admitted to the hospital in Majuro, RMI, because of generalized abdominal pain with distention, jaundice, nausea, vomiting, subjective fever and chills, loss of appetite, and shortness of breath.

Two weeks prior to admission, symptoms of nausea and vomiting, diffuse abdominal pain, and loss of appetite began. He progressively developed jaundice, increasing abdominal girth, and subjective fever and chills. On examination, he was found to be jaundiced. His abdomen was markedly distended with diffuse tenderness and guarding but no peritoneal signs. Initial laboratory tests are shown in Table 1. He was treated with Metronidazole 500mg PO q8hrs, Gentamycin 60mg IV q8hrs, Rocephin 1 gm IV q12hrs, and Ampicillin 1 gm IV q6hrs for obstructive jaundice and ascending cholangitis. While hospitalized in Majuro, the patient's white blood cell count rose to 62,000, and after 5 days he was transferred to Honolulu (Tripler Army Medical Center) for further evaluation.

The patient had a history of Hepatitis B infection twenty years prior to admission and left nephrectomy for renal cell carcinoma several years earlier. He was born and raised on the island of Namodrik and lived there until the age of 16, at which time he traveled to Majuro for three years to receive training as a "Health Aide." He frequently traveled to many of the neighboring islands and atolls but had never traveled outside of Micronesia. He took no medications and did not use tobacco or alcohol.

Examination revealed marked jaundice, hepatosplenomegaly,